

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 59

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full)
COX 2008 COMMITTEE INC

ADDRESS (number and street) ☐ Check if different than previously reported
3330 DUNDEE RD SUITE S3

2. IDENTIFICATION NUMBER
C00420224

CITY, STATE, and ZIP CODE
NOROTHBROOK IL 60062

3. IS THIS REPORT FOR :
☐ Primary ☐ General

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20

☐ March 20

☐ April 20

☐ May 20

☐ June 20

☐ July 20

☐ August 20

☐ September 20

☐ October 20

☐ November 20

☐ December 20

☐ January 31

☐ Twelfth day report preceding

(Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on

on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD

FROM
07/01/2006

THROUGH
09/30/2006

SUMMARY

6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	3603.43
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	131531.00
8. SUBTOTAL (Lines 6 and 7)	135134.43
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	114552.82
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	20581.61
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	255000.00
13. EXPENDITURES SUBJECT TO LIMITATION	-65758658.11

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	6923.50
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	217908.63

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer
Claremont Ruff

Date
10/12/2006

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

2 / 59

(PAGE 2, FEC FORM 3P)

Name of committee (in full)
COX 2008 COMMITTEE INC

Report Covering the Period

From: 07/01/2006

To: 09/30/2006

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	1531.00	6923.50
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		1531.00	6923.50
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	130000.00	255000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	130000.00	255000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	0.00
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	131531.00	261923.50
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	111009.09	217908.63
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	3543.73	23433.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	114552.82	241341.89
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

3 / 59

1. NAME OF COMMITTEE (in full)
COX 2008 COMMITTEE INC
ADDRESS (number and street)
 3330 DUNDEE RD SUITE S3

CITY, STATE, and ZIP CODE
 NOROTHBROOK IL 60062

2. IDENTIFICATION NUMBER
 C00420224

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	1000.00	1000.00	New Hampshire	11174.09	11224.09
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	929.27	929.27	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	1581.18	1715.87	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	21877.65	26526.59	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	1000.00	1000.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	37562.19	42495.82

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 / 59

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) J Butzmann Mailing Address PO Box 451 City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 Amount of Each Receipt this Period 25.00 Contribution Transaction ID: SA17A.4476
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		
B. Full Name (Last, First, Middle Initial) W C Croft Mailing Address 2150 Parkes Dr City State Zip Code Broadview IL 60155 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Receipt this Period 500.00 Contribution Transaction ID: SA17A.4468
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Bernhard Heersink Mailing Address 281 High Street City State Zip Code Newburyport MA 01950 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6 Amount of Each Receipt this Period 50.00 Contribution Transaction ID: SA17A.4478
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 / 59

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Michael Keiser Mailing Address 2450 N Lakeview City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00		Transaction ID: SA17A.4471
B. Full Name (Last, First, Middle Initial) Ken B Meyer Mailing Address 29 - 8th Street North City State Zip Code Dakota City IA 50529 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 6 Amount of Each Receipt this Period 50.00 Contribution
Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.4464
C. Full Name (Last, First, Middle Initial) Kori L Nelson Mailing Address 232 Fairview Ave City State Zip Code Council Bluffs IA 51503 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 Amount of Each Receipt this Period 50.00 Contribution
Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.4466

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 59

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Ronald A Pankau Mailing Address 565 Juneberry Rd City State Zip Code Riverwoods IL 60015 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Receipt this Period 250.00 Contribution Transaction ID: SA17A.4472
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Celeste R Ponteri Mailing Address 200 Carter Ct City State Zip Code Chicago IL 60601 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Receipt this Period 5.00 Contribution Transaction ID: SA17A.4474
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5.00		
C. Full Name (Last, First, Middle Initial) P Smith Mailing Address PO Box 963 City State Zip Code Chicago IL 60600 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.4481
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 59

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Tabor		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6	
Mailing Address PO Box 603		Amount of Each Receipt this Period 1.00	
City State Zip Code Kernersville NC 27285			
FEC ID number of contributing federal political committee.		Contribution	
Name of Employer Self Employed Occupation Political Consultant			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1.00	
		Transaction ID: SA17A.4480	

SUBTOTAL of Receipts This Page (optional)

1.00

TOTAL This Period (last page this line number only)

1531.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6 Amount of Each Receipt this Period 10000.00 Loan
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 135000.00		Transaction ID: SA19A.4457
B. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Amount of Each Receipt this Period 15000.00 Loan
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 150000.00		Transaction ID: SA19A.4456
C. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 Amount of Each Receipt this Period 15000.00 Loan
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 165000.00		Transaction ID: SA19A.4458

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 15000.00	
City CHICAGO	State IL	Zip Code 60611	Loan
FEC ID number of contributing federal political committee.			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 180000.00		Transaction ID: SA19A.4459
B. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 20000.00	
City CHICAGO	State IL	Zip Code 60611	Loan
FEC ID number of contributing federal political committee.			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200000.00		Transaction ID: SA19A.4460
C. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 55 E ERIE		Amount of Each Receipt this Period 30000.00	
City CHICAGO	State IL	Zip Code 60611	Loan
FEC ID number of contributing federal political committee.			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230000.00		Transaction ID: SA19A.4461

SUBTOTAL of Receipts This Page (optional)

65000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 59

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

JOHN H COX

Mailing Address

55 E ERIE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

255000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Amount of Each Receipt this Period

25000.00

Loan

Transaction ID: SA19A.4462

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

130000.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4520 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>805.38</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
B. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4545 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>805.38</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
C. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4565 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>844.05</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101

SUBTOTAL of Disbursements This Page (optional)

2454.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4600 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>50.00</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4605 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>805.38</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Steve Abbott		Transaction ID: SB23.4630 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 239 Harrison Street		Amount of Each Disbursement this Period <div>878.91</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)		<div>1734.29</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Taxes

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4511

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3594.50

B. Full Name (Last, First, Middle Initial)

ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Taxes

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2312.85

C. Full Name (Last, First, Middle Initial)

ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll Taxes

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4543

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

6067.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4555 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 143.00
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4556 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 35.00
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4562 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2529.63

SUBTOTAL of Disbursements This Page (optional)

2707.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4586 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4593 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 2046.20
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4596 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 7.50

SUBTOTAL of Disbursements This Page (optional)

2118.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4612 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 67.50
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4614 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 78.00
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4620 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 2770.47

SUBTOTAL of Disbursements This Page (optional)

2915.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Patrick Anderson		Transaction ID: SB23.4495 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period <div>996.37</div>
City Hubbard State IA Zip Code 50122		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Patrick Anderson		Transaction ID: SB23.4522 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period <div>770.04</div>
City Hubbard State IA Zip Code 50122		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Patrick Anderson		Transaction ID: SB23.4524 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address 19897 Country Hwy D-47		Amount of Each Disbursement this Period <div>1100.00</div>
City Hubbard State IA Zip Code 50122		
Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2866.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4559

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

845.48

Full Name (Last, First, Middle Initial)

B. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4590

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

770.04

Full Name (Last, First, Middle Initial)

C. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4598

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

105.00

SUBTOTAL of Disbursements This Page (optional)

1720.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4621

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1232.16

Full Name (Last, First, Middle Initial)

B. Build Iowa

Mailing Address PO Box 123

City Des Moines State IA Zip Code 50320

Purpose of Disbursement
Event Sponsor

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4526

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Build Iowa

Mailing Address PO Box 123

City Des Moines State IA Zip Code 50320

Purpose of Disbursement
Event Sponsor

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4528

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2232.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Cyclone Bible Fellowship

Mailing Address 112 South Sheldon Ave

City State Zip Code
Ames IA 50014

Purpose of Disbursement
Event Sponsor

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. GRAF FOR CONGRESS

Mailing Address 287 W EL NOPAL

City State Zip Code
GREEN VALLEY AZ 85614

Purpose of Disbursement
Political Contribution

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 08

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4615

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard Holt

Mailing Address PO Box 1

City State Zip Code
Manchester NH 03103

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4503 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>1442.60</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4516 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>770.04</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4538 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>770.04</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

2982.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4539 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>770.04</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
B. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4560 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>845.48</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
C. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.4591 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>770.04</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
SUBTOTAL of Disbursements This Page (optional)		<div>2385.56</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Steve Huff

Mailing Address 1219 North 3 Dr

City
Manchester

State
IA

Zip Code
52056

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4599

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

105.00

Full Name (Last, First, Middle Initial)

B. Steve Huff

Mailing Address 1219 North 3 Dr

City
Manchester

State
IA

Zip Code
52056

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4622

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

923.66

Full Name (Last, First, Middle Initial)

C. Keith Hunter

Mailing Address 1119 Polk Boulevard

City
Des Moines

State
IA

Zip Code
50311

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4500

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

818.00

SUBTOTAL of Disbursements This Page (optional)

1846.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Keith Hunter		Transaction ID: SB23.4517 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period <div>832.69</div>	
City Des Moines	State IA		Zip Code 50311
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Keith Hunter		Transaction ID: SB23.4540 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period <div>832.69</div>	
City Des Moines	State IA		Zip Code 50311
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Keith Hunter		Transaction ID: SB23.4561 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>	
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period <div>832.69</div>	
City Des Moines	State IA		Zip Code 50311
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2498.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Keith Hunter		Transaction ID: SB23.4592 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period <div>832.69</div>
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Keith Hunter		Transaction ID: SB23.4623 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 1119 Polk Boulevard		Amount of Each Disbursement this Period <div>861.38</div>
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Information Inc		Transaction ID: SB23.4632 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 6</div> </div>
Mailing Address PO Box 98869		Amount of Each Disbursement this Period <div>2937.55</div>
City Chicago State IL Zip Code 60604		
Purpose of Disbursement Research Module - VISA		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>102</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)		<div>4631.62</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Iowa Christian Alliance		Transaction ID: SB23.4484 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address PO Box 65066		Amount of Each Disbursement this Period <div>1000.00</div>
City West Des Moines State IA Zip Code 50265		
Purpose of Disbursement Campaign Event		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 102
B. Full Name (Last, First, Middle Initial) Iowa Secretary of State		Transaction ID: SB23.4492 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 6</div> </div>
Mailing Address Lucas Building First Floor		Amount of Each Disbursement this Period <div>312.30</div>
City Des Moines State IA Zip Code 50319		
Purpose of Disbursement Voter Lists		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 103
C. Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Transaction ID: SB23.4525 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
Mailing Address Clinton & Euclid		Amount of Each Disbursement this Period <div>20.00</div>
City Palatine State IL Zip Code 60067		
Purpose of Disbursement Bank Charges		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101

SUBTOTAL of Disbursements This Page (optional)

1332.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City
Palatine

State
IL

Zip Code
60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4542

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City
Palatine

State
IL

Zip Code
60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4563

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City
Palatine

State
IL

Zip Code
60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4564

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

32.00

SUBTOTAL of Disbursements This Page (optional)

77.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4597

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

20.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4611

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

20.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4626

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

20.00

101
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank

Mailing Address Clinton & Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Bank Charges

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4627

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

12.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

B. Kush and Associates

Mailing Address RR2

City Shinnston State WV Zip Code 26431

Purpose of Disbursement
Publicity

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4518

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

102
Category/
Type

Full Name (Last, First, Middle Initial)

C. Kush and Associates

Mailing Address RR2

City Shinnston State WV Zip Code 26431

Purpose of Disbursement
Publicity

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4558

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

102
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6012.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Kush and Associates		Transaction ID: SB23.4595 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address RR2		Amount of Each Disbursement this Period <div>3000.00</div>
City Shinnston State WV Zip Code 26431		
Purpose of Disbursement Publicity	<div>102</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Kush and Associates		Transaction ID: SB23.4625 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 6</div> </div>
Mailing Address RR2		Amount of Each Disbursement this Period <div>2000.00</div>
City Shinnston State WV Zip Code 26431		
Purpose of Disbursement Publicity	<div>102</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Madison County Central Committee		Transaction ID: SB23.4578 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 6</div> </div>
Mailing Address PO Box 122		Amount of Each Disbursement this Period <div>500.00</div>
City Winterset State IA Zip Code 50273		
Purpose of Disbursement Event Sponsor	<div>102</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4487 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>346.09</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4494 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1637.92</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4508 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>2428.16</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

4412.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 59

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4523 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>	
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1545.48</div>	
City Mansfield	State OH		Zip Code 44903
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4544 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1925.08</div>	
City Mansfield	State OH		Zip Code 44903
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4546 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1545.48</div>	
City Mansfield	State OH		Zip Code 44903
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

5016.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4566 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1672.36</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4570 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1224.54</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
C. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4601 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>150.00</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101

SUBTOTAL of Disbursements This Page (optional)

3046.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4606 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1605.33</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4624 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>2055.32</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
C. Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc		Transaction ID: SB23.4513 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 625 North Michigan Ave Suite 420		Amount of Each Disbursement this Period <div>3308.61</div>
City Chicago State IL Zip Code 60611		
Purpose of Disbursement Public Relations		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 102
SUBTOTAL of Disbursements This Page (optional)		<div>6969.26</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City
Chicago

State
IL

Zip Code
60611

Purpose of Disbursement
Public Relations

102

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4554

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

281.18

Full Name (Last, First, Middle Initial)

B. Mitchell County Central Committee

Mailing Address 133 Vine Street

City
Osage

State
IA

Zip Code
50461

Purpose of Disbursement
Event Sponsor

102

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4584

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Travis Mobley

Mailing Address 7130 Mapleleaf Drive #A

City
Spartansburg

State
AL

Zip Code
29303

Purpose of Disbursement
Salary

101

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4567

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

1232.76

SUBTOTAL of Disbursements This Page (optional)

2013.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Travis Mobley

Mailing Address 7130 Mapleleaf Drive #A

City Spartansburg State AL Zip Code 29303

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4607

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

854.27

Full Name (Last, First, Middle Initial)

B. Travis Mobley

Mailing Address 7130 Mapleleaf Drive #A

City Spartansburg State AL Zip Code 29303

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4631

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

862.20

Full Name (Last, First, Middle Initial)

C. National Press Club

Mailing Address 259 14th Street NW

City Washington State DC Zip Code 20045

Purpose of Disbursement
Meeting Room Media Event - VISA

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4634

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1966.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. National Press Club

Mailing Address 259 14th Street NW

City
Washington

State
DC

Zip Code
20045

Purpose of Disbursement
Meeting Room Media Event - VISA

Candidate Name
COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4636

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

679.27

Full Name (Last, First, Middle Initial)

B. Open Road Productions

Mailing Address 401 W Ontario St Suite 150

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Publicity Shoot

Candidate Name
COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4552

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Open Road Productions

Mailing Address 401 W Ontario St Suite 150

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Publicity Shoot

Candidate Name
COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4608

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5679.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Polk County GOP

Mailing Address 1475 NW 92nd

City Clive State IA Zip Code 50325

Purpose of Disbursement

Event Sponsor

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4571

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Polk County GOP

Mailing Address 1475 NW 92nd

City Clive State IA Zip Code 50325

Purpose of Disbursement

Event Sponsor

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4577

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Polk County GOP

Mailing Address 1475 NW 92nd

City Clive State IA Zip Code 50325

Purpose of Disbursement

Event Sponsor

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4582

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E. Ninth Street

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement

Event Sponsor

Candidate Name

COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4613

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

190.00

Full Name (Last, First, Middle Initial)

B. STEELE FOR MARYLAND INC

Mailing Address 1350 DORSEY ROAD BUILDING A STE A

City
HANOVER

State
MD

Zip Code
21076

Purpose of Disbursement

Political Contribution

Candidate Name

COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: SB23.4617

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Story County Central Committee

Mailing Address 3409 Oakland Street

City
Ames

State
IA

Zip Code
50014

Purpose of Disbursement

Event Sponsor

Candidate Name

COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4580

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1690.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Story County Central Committee		Transaction ID: SB23.4583 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 3409 Oakland Street		Amount of Each Disbursement this Period <div>500.00</div>
City Ames State IA Zip Code 50014		
Purpose of Disbursement Event Sponsor	<div>102</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) SWMX		Transaction ID: SB23.4609 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 6</div> </div>
Mailing Address		Amount of Each Disbursement this Period <div>15179.00</div>
City State IL Zip Code		
Purpose of Disbursement Media Buy	<div>102</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Nathan Tabor		Transaction ID: SB23.4483 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 6</div> </div>
Mailing Address PO Box 603		Amount of Each Disbursement this Period <div>1000.00</div>
City Kernersville State NC Zip Code 27285		
Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

16679.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Nathan Tabor

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement
Salary

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4496

Date of Disbursement

07 / 15 / 2006

Amount of Each Disbursement this Period

923.50

B. Full Name (Last, First, Middle Initial)
TCV Media

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement
Web Design

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4550

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
TCV Media

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement
Website Design

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4557

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3923.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>Full Name (Last, First, Middle Initial) A. TCV Media</p> <p>Mailing Address PO Box 603</p> <p>City Kernersville State NC Zip Code 27285</p> <p>Purpose of Disbursement Web Design</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.4603</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>101 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) B. TCV Media</p> <p>Mailing Address PO Box 603</p> <p>City Kernersville State NC Zip Code 27285</p> <p>Purpose of Disbursement Website Design</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.4629</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>101 Category/ Type</p>
<p>Full Name (Last, First, Middle Initial) C. Tel-Assist</p> <p>Mailing Address 30W555 Shoe Factory Rd Unit E</p> <p>City Elgin State IL Zip Code 60120</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.4497</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.00"/></p> <p>101 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

2705.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address 2460 Dundee Road

City
Northbrook

State
IL

Zip Code
60062

Purpose of Disbursement
Box Rental

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4499

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address 2460 Dundee Road

City
Northbrook

State
IL

Zip Code
60062

Purpose of Disbursement
Office Postage

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4509

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

162.00

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address 2460 Dundee Road

City
Northbrook

State
IL

Zip Code
60062

Purpose of Disbursement
Postage

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4587

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

23.70

SUBTOTAL of Disbursements This Page (optional)

205.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 59

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Wright County Central Committee

Mailing Address PO Box 128

City
Rowan

State
IA

Zip Code
50470

Purpose of Disbursement
Event Sponsor

Candidate Name
COX 2008 COMMITTEE INC

102
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

110250.98

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 59

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Color Craft Printing

Mailing Address 7621 Baltimore Annapolis Blvd

City State Zip Code
Glen Burnie MD 21060

Purpose of Disbursement

Direct Mail Fundraiser

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB25.4535

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

543.73

Full Name (Last, First, Middle Initial)

B. Kush and Associates

Mailing Address RR2

City State Zip Code
Shinnston WV 26431

Purpose of Disbursement

Publicity

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB25.4537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	6

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3543.73

TOTAL This Period (last page this line number only)

3543.73

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 46 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 47 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 48 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 9Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 49 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 4Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 50 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 51 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 1Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 52 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 54 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 56 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
1 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 58 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 59 / 59

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

255000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.